

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8878

State File No. _____

787

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>1 life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Childrens Mercy Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>3123 Bell</u> <u>3408</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) <u>Raymond</u>		c. (Last) <u>Morgan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>20</u> <u>50</u>	
5. SEX <u>MD</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby</u>		8. DATE OF BIRTH <u>Nov. 4, 1949</u>	
9. AGE (In years last birthday) <u>3</u>		10. IF UNDER 1 YEAR Months <u>3</u> Days <u>16</u>		11. IF UNDER 18 Hrs. Hours <u>16</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u> <u>St. Hsp</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>John Wm. Morgan</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Hallisey</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Morgan</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia, asthma</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2. 41X			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-17-50</u> , 19 <u>50</u> , to <u>2-20</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2-20</u> , 19 <u>50</u> , and that death occurred at <u>1:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. M. Gilkey</u>				H. M. Gilkey M. D. (Degree or title)		23b. ADDRESS <u>1624 Prof. Bldg</u>	
23c. DATE SIGNED <u>2-20-50</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/20/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>—</u>		24d. LOCATION (City, town, or county) (State) <u>Olathe Kansas</u>	
DATE REC'D BY LOCAL REG. <u>2-20-50</u>				REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>V E Jones</u>	
				ADDRESS <u>Olathe</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Signed Chester L. Spurr
Student Embalmer No. _____

Licensed Embalmer No. 4569

P. O. Address: Plattsboro, N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.